Foster Family Home - Corrective Action Report

Provider ID: **1-614059**

Home Name: **Marites Calapini, CNA** **Review ID:** **1-614059-5**

94-108 Hula Street Reviewer: Angelica Galindo

Waipahu HI 96797 Begin Date: 9/5/2018 End Date: 9/19/18

Foster Family Home **Required Certificate** **[17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/05/18. Corrective Action Report issued during home visit with all items due to CTA by 10/05/18.
6.(d)(1) - see applicable sections of the review

Foster Family Home **Personnel and Staffing** **[17-1454-41]**

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No TB clearance present for CG#4.

RN
Compliance Manager — Date: 9/05/18

Primary Care Giver — Date: 9/05/18

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MARITES CALAPINI FOSTER HOME
CCFFH Address: 94-108 HULA ST. WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41-b(7)	Unable to correct lapse CG #4. Had TB clearance done on 9/10/18 and placed in CTA binder.	9/10/18	Foster Home will use iphone calendar alert 30 days before requirements expire so that it doesn't lapse again.

Primary Caregiver's Signature: [signature]

Print Name: MARITES M. CALAPINI Date of Signature: 9/18/18